



6-29-7

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Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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20583 7590 04/05/2007  
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07/02/2007 CCHAU2 00000041 503013 09823322

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/823,322	04/02/2001	Matthew Marton	9301-136	8604

TITLE OF INVENTION: METHODS FOR DETERMINING THERAPEUTIC INDEX FROM GENE EXPRESSION PROFILES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$1400	\$300	\$0	\$1700	07/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEJONG, ERIC S	1631	702-019000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Jones Day 1 _____ 2 _____ 3 _____
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
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#### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

##### (A) NAME OF ASSIGNEE

Rosetta Inpharmatics LLC

##### (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Seattle, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

#### 4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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A check is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3013 (enclose an extra copy of this form).

#### 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Bret Lovengay Reg No. 42,813 Date June 27, 2007

Typed or printed name Adriane M. Antler Registration No. 32,605

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